

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>	<i>60861</i>	<i>1/10</i>
O.I.P.E. CLASSIFIER			<i>1-24-00</i>
FORMALITY REVIEW	<i>LA</i>	<i>63390</i>	<i>2/8/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	3/12/02
2	✓	✓	11/15/03
3	✓	✓	8/12/08
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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28	✓	✓	
29	✓	✓	
30	✓	✓	
31	0	0	
32	0	0	
33	0	0	
34	0	0	
35	✓	✓	
36	✓	✓	
37	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	11/15/02
52	✓	✓	8/12/03
53	✓	✓	
54	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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